

- Please fax the completed form to 847.859.5885 or email to info@portraithealthcenters.com
- Attention: New Patient Referral
- **IF THIS IS AN URGENT REQUEST**, please call 847.868.3435

PATIENT INFORMATION (PLEASE PRINT)

Patient Name:		Birth Date:	
Home Phone:		Work/Mobile Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
City:		State:	ZIP Code:
Marital Status:	Preferred Language:	Hearing or Visually Impaired: <input type="checkbox"/> Hearing <input type="checkbox"/> Visually	
What Type of Service is Requested: (select all that apply) <input type="checkbox"/> Counseling <input type="checkbox"/> Nutrition <input type="checkbox"/> Psychological Testing			
Emergency Contact Name:		Relationship to Patient:	Phone Number:
Insurance Name/Plan:		Group#:	Effective Date:
Subscriber Name:		ID#:	Subscriber Birth Date:
Primary Care Physician Name (Last, First):			

REFERRING PHYSICIAN INFORMATION

Referring Physician's Name (Last, First):	Contact Name:	
Office Address:	Email Address:	
City:	State:	ZIP Code:
Phone Number:	Fax Number:	NPI Number:

QUESTIONS? Contact a Patient Coordinator at 847.868.3435.

Thank you for referring to the Portrait Health Centers.